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Bib Data Sheet

CONFIRMATION NO. 8462

<b>SERIAL NUMBER</b> 10/666,227	<b>FILING OR 371(c) DATE</b> 09/18/2003 <b>RULE</b>	<b>CLASS</b> 715	<b>GROUP ART UNIT</b> 2193	<b>ATTORNEY DOCKET NO.</b> 2002P15657US01
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/412,917 09/23/2002 \* and claims benefit of 60/413,010 09/23/2002  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 01/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 3
35 USC 110 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

**ADDRESS**

Siemens Corporation  
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 170 Wood Avenue South  
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**TITLE**

System and method for navigating an HMI

<b>FILING FEE RECEIVED</b> 1132	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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